| CAMPAIGN TREASURER'S REPORT SUMMARY  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| (1) JOHN BECKFOLD  | OFFICE USE ONLY   |  |  |  |  |  |
| Name (2) ZALA HOADON TROCKS  | RECEIVED  |  |  |  |  |  |
| (2) 34(4 HEATHOR I DRIVACE Address (number and street)   | MAY <b>0 9 2019</b>   |  |  |  |  |  |
| LADORHILL FL 33319   | CITYCLERK'S OFFICE  |  |  |  |  |  |
| City, State, Zip Code  | (2) ID Number   |  |  |  |  |  |
| Check appropriate boy(es):   | (3) ID Number:  |  |  |  |  |  |
| Check appropriate box(es):  Candidate Office Sought: Commission Sought |   |  |  |  |  |  |
| (5) Report   | t Identifiers   |  |  |  |  |  |
| Cover Period: From 04 / 01 / 2019 To   | 04/30 / 2019 Report Type: M4  |  |  |  |  |  |
| ☐ Original ☐ Amendment ☐ Special Election Report   |   |  |  |  |  |  |
| (6) Contributions This Report  | (7) Expenditures This Report  |  |  |  |  |  |
| Cash & Checks \$,,   | Monetary Expenditures \$,,  |  |  |  |  |  |
| Loans \$,,   | Transfers to Office Account \$,,                                      |  |  |  |  |  |
| Total Monetary \$,,  | Total Monetary \$,,   |  |  |  |  |  |
| In-Kind \$,,   | (8) Other Distributions   |  |  |  |  |  |
|  | (8) Other Distributions \$ , ,  |  |  |  |  |  |
| (9) TOTAL Monetary Contributions To Date   | (10) TOTAL Monetary Expenditures To Date \$,,,                        |  |  |  |  |  |
| (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)   |   |  |  |  |  |  |
| I certify that I have examined this report and it is true, correct, and complete:  |   |  |  |  |  |  |
| (Type name) Tothe BECKFoRD  ☐ Individual (only for IE or electioneering comm.)   | (Type name) TOHN BECKFOLD Candidate Chairperson (only for PC and PTY) |  |  |  |  |  |
| X Belf Signature   | x Reelfe<br>Signature   |  |  |  |  |  |

| (1) Name Campaign TREASURER'S REPORT - TEMIZED EXPENDITURES (2) I.D. Number |   |   |                     |           |        |  |  |
|---|---|---|---------------------|-----------|--------|--|--|
| (3) Cover Period 04 10 19 through 04 130 19 (4) Page of                     |   |   |                     |           |        |  |  |
| (5)<br>Date   | (7)   | (8)   | (9)                 | (10)      | (11)   |  |  |
| (6)<br>Sequence<br>Number   | Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | Purpose<br>(add office sought if<br>contribution to a<br>candidate) | Expenditure<br>Type | Amendment | Amount |  |  |
| 04/05/19  | TO BANK<br>1701 ROUTE 70 EAST<br>CHORRY HILL NJ 08034                                   | STATEMONT<br>FEE  | CAN                 |           | 41.00  |  |  |
| //  |   | 2.  |                     |           |        |  |  |
| //  |   |   |                     |           |        |  |  |
| //  |   |   |                     |           |        |  |  |
| //  |   |   |                     |           |        |  |  |
| //  |   |   |                     |           |        |  |  |
| //  |   |   |                     |           |        |  |  |
| 1.1   |   |   |                     |           |        |  |  |